

Video Conference Manual

Louisiana's Special Projects of National Significance *Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative*

August 31st 2015

Version 1

Louisiana Department of Health and Hospitals

Office of Public Health, STD/HIV Program

1450 Poydras Street, Suite 2136

New Orleans, LA 70112

(504)-568-7474

<http://dhh.louisiana.gov/hiv>

<http://dhh.louisiana.gov/std>

www.hiv411.org

Table of Contents

Section 1 – Project Intent	Page 1
Summary	Page 1
Target Audience	Page 1
Rationale & Description of Need	Page 1
Section 2 –Strategy Description	Page 4
Evolution of Strategy Design	Page 4
Description of Strategy	Page 5
Description or Intervention	Page 6
Goals of the Intervention	Page 6
Target Population	Page 6
Systems Involved	Page 6
Staffing	Page 8
Pre-Intervention Activities	Page 10
Key Components & Adaptability	Page 13
Training	Page 14
Fidelity Monitoring	Page 14
Section 3 – Lessons Learned	Page 16
Significant Successes	Page 16
Challenges and Barriers	Page 17
Section 4 – Lasting Impressions	Page 18
Appendix	
A. Assessment Form	

- B. Personal Needs & Care Planning Tool**
- C. Referral Follow-up Form**
- D. Video conference Eligibility Chart**
- E. IT Survey**
- F. Consent Form**
- G. Case Management Agency Audit Score Sheet & Rubric**

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant # H97HA22694-03-02, Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative, total award amount of \$1,855,873 and 0% financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Section 1 – Project Intent

Summary

The intervention described herein is a video conference supplement to Ryan White transitional case management services provided by the Louisiana Office of Public Health – STD/HIV Program (OPH-SHP) for HIV-positive persons incarcerated in Louisiana’s state prisons. The video conference interaction allows incarcerated clients the opportunity to discuss their release plans and plans concerning their HIV treatment and care with a case manager at the agency OPH-SHP is providing a linkage to, and provides the case manager an opportunity to learn of the client’s anticipated needs upon release and prepare to meet those needs in advance of the client’s intake to their agency.

Target Audience

Those who would find this manual helpful include state or local health departments, medical directors or medical authorities for correctional settings, and Ryan White funded agencies or similar linkage to care entities. Service providers located in rural communities may be particularly interested in this intervention.

Rationale & Description of Need

At the end of 2013, Louisiana had approximately 18,000 known persons living with HIV/AIDS (PLWHA), and of those, 69% had linked to HIV care¹, 54% had been retained in care², and 49% were virally suppressed³ (see Figure 1). However, PLWHA who were released from Louisiana’s state prisons, despite receiving one-on-one Pre-Release Services by the OPH-SHP were experiencing linkage rates almost 10 percentage points lower than the general HIV-positive population, at 59.1% (for time period 2009-2011)⁴. While the exact reason for this lower linkage rate is not known, it could be speculated that the efforts made by OPH-SHP were too passive and limited to only when the client was incarcerated. Thus, OPH-SHP was not providing an effective enough bridge between prison and the community.

¹ In HIV care is defined as having at least one CD4 or Viral Load laboratory conducted within 3 months of diagnosis.

² Retention in HIV care is defined as at least one HIV medical care visit in each 6 month period of the 24 month measurement period with a minimum of 60 days between.

³ Viral suppression is defined as a viral load test of ≤ 20 copies/mL at last laboratory test in the 12 month measurement period.

⁴ DeAnn Gruber. E-mail. 22 May. 2015.

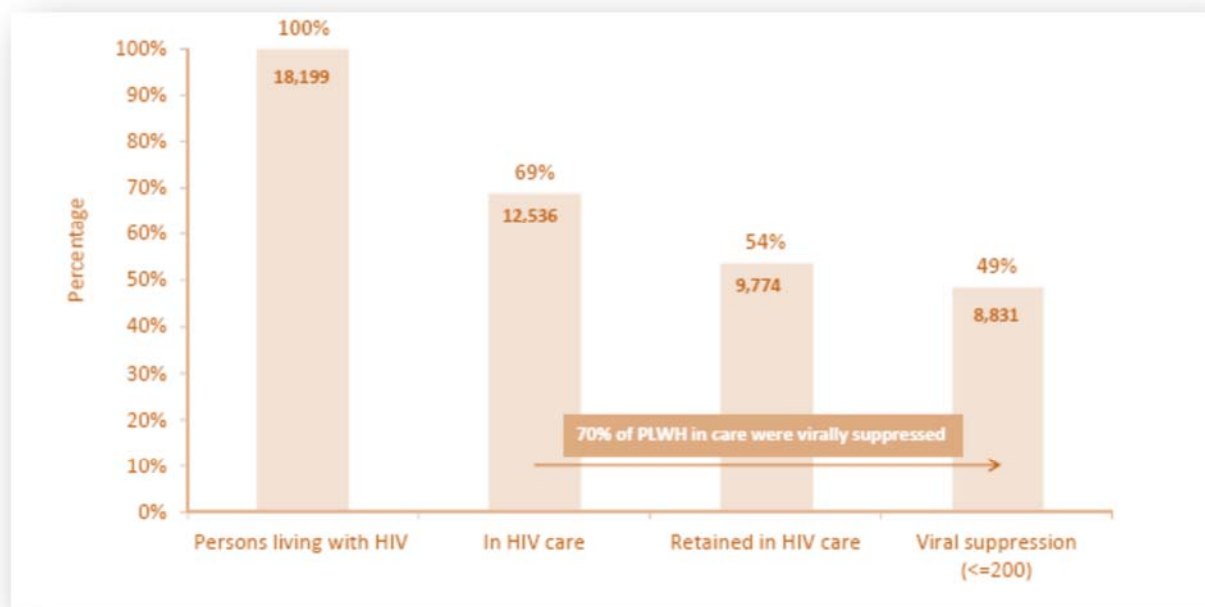


Figure 1 – HIV Continuum of Care, Louisiana, 2013⁵

The OPH-SHP provides Pre-Release Services for an average of 100 HIV-positive persons each year who are preparing for release from state prison. The majority of HIV-positive persons in custody are HIV-positive prior to their incarceration, although not all are aware of their status. The Louisiana Department of Public Safety and Corrections (DOC) conducts opt-out HIV testing at intake for all persons who are processed through central processing. Clients may also be tested during incarceration if clinical indications warrant⁶. The average positivity rate (the ratio of HIV-positive individuals to the overall inmate population) amongst the nine adult DOC state facilities is 2.33%, and ranges from 1.46% to 3.63%. Each facility's positivity rate is detailed in Table 1. The medical capacity of each DOC facility dictates the level of advanced (skilled) care that can be provided, and thus the number of HIV-positive persons in their custody. Some DOC facilities are better equipped and staffed to handle specialty care, such as HIV, and other co-morbidities.

⁵ Radtke Friedrich, Kira. "Continuum of Care and HIV Testing Slide Deck." E-mail. 6 Feb. 2015.

⁶ In fall 2015, as part of Louisiana House Bill 191, DOC will pilot opt-out HIV testing at state facilities approximately 90 days prior to release in addition to testing at intake.

Louisiana DOC Facility	HIV Positivity Rate
Avoyelles Correctional Center (Cottonport, LA)	3.63%
Allen Correctional Center (Oberlin, LA)	3.05%
Elayn Hunt Correctional Center (St. Gabriel, LA)	2.99%
David Wade Correctional Center (Homer, LA)	2.80%
Louisiana State Penitentiary (Angola, LA)	2.40%
Louisiana Correctional Institute for Women (St. Gabriel, LA)	2.33%
Dixon Correctional Institute (Jackson, LA)	2.33%
Winn Correctional Center (Winnfield, LA)	2.30%
B.B. "Sixty" Rayburn Correctional Center (Angie, LA)	1.46%
Average	2.33%

Table 1 – HIV prevalence rate per Louisiana DOC facility and overall average (rates calculated by OPH-SHP 9/2014.)

To improve linkage to HIV care and case management services, it was envisioned that the existing telemedicine equipment at each DOC site could be used to facilitate a video conference between HIV-positive persons and the case manager OPH-SHP is referring them to, with the intent of increasing the likelihood of linking to care. Linking incarcerated HIV-positive clients to care through video conferencing addresses the National HIV/AIDS Strategy⁷ goal to increase access to care and improve health outcomes for people living with HIV.

⁷ Overview. U.S. Department of Health & Human Services. Web. 27 Aug. 2015. <<https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/>>.

Section 2 – Strategy Description

Evolution of Strategy Design

The core (original) Pre-Release Services offered by OPH-SHP consists of one-on-one visits with HIV-positive clients at each DOC facility starting 180 days before the clients release date (as defined by HRSA Policy 07-04⁸). Clients meet with OPH-SHP's Corrections Specialist every four to six weeks to complete paperwork and applications for post-release HIV medical care, case management, and AIDS Drug Assistance Program (ADAP) enrollment. These services, like similar case management and discharge related planning, had a limited focus and did not provide for much opportunity for dialogue on the client's part. Though client input was certainly sought for matters relating to their HIV treatment and care plans, little else was discussed. While referrals were made to outside agencies, for many incarcerated clients, the only system of HIV care delivery they are familiar with is what has been provided by DOC. Seeking care outside of this known system, and having sole responsibility for their care and medication adherence, can be overwhelming.

The Louisiana DOC had already invested in telemedicine to minimize the number of transports required to link patients to clinic appointments outside of the prison. It was thought that the same telemedicine equipment could be used to provide a video conference session between HIV-positive clients and the case management agency OPH-SHP. The video conference supplement, as proposed under the Special Projects of National Significance (SPNS) *Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative*⁹ from the Human Resources and Services Administration (HRSA), was envisioned to help eliminate some of the unknowns faced by HIV-positive clients upon release (e.g., how to secure clothing, food, housing, employment, transportation, health care coverage). Empirical evidence, and logic, suggests that video conferencing has the potential to positively impact the continuum of HIV care. By establishing relationships to care providers that foster sustainability and continuity of care, the propensity to link to care sooner is established.

Much consideration was given to how a video conference session would occur, what information would be collected, how it would be utilized, and how the client would be engaged to open up. Incarceration does not foster open-thinking and loquacity; the world of incarceration can be very much "Yes, sir; no, sir."

⁸ Hopson, D. (2007, September 1). The Use of Ryan White HIV/AIDS Program Funds for Transitional Social Support & Primary Care Services for Incarcerated Persons. Retrieved August 27, 2015, from <http://hab.hrsa.gov/manageyourgrant/pinspals/incarceratedpersons0704.html>

⁹ <http://hab.hrsa.gov/about/special/systemslinkages.html>

Additionally, the timing of when during the pre-release timeframe the video conference session should be offered was also a concern. Ideally, the video conference should happen as close to release as possible, such that the experience remains “fresh” in the client’s mind. However, because the video conference sessions are scheduled amongst DOC’s regular telemedicine appointments, of which there are approximately 6,000 telemedicine appointments conducted per year¹⁰ (approximately 13 appointments per week per DOC facility), it’s not always possible to schedule sessions when desired. Most clients, however, receive their video conference four to six weeks before release, but it’s not unheard of to schedule the video conference session the day before, or even the day of, a client’s release.

Lastly, there was the potential to conduct more than one video conference session. Because scheduling even one video conference can sometimes require extensive coordination, at this time, it is preferred to continue to offer just one session and manage the existing level of administrative burden. If the staffing level were to increase the possibility of developing content for a second video conference session could be entertained. Presently, OPH-SHP has two Corrections Specialists who conduct Pre-Release Services in four and five prisons, respectively, and their time and administrative demands do not allow for a second video conference.

Description of the Strategy

The video conference supplement is an opportunity for the client to meet virtually, face-to-face, with their assigned case manager. Clients are referred by OPH-SHP to case management agencies prior to their release. Clients have the freedom to choose what case management agency they would like to be referred to, however some areas of the state only have one case management agency per metropolitan area. There are 11 case management agencies participating in the video conference intervention, seven of which are Part B funded, and four are Part A funded.

During the video conference session, the case manager explores the client’s release plans regarding their HIV care, general life plans, and identifies resources in the community the client may require based on his/her needs. The case manager completes documentation created specifically for the SPNS Initiative – an assessment form (Appendix A) and a personal needs and care planning tool (Appendix B). After the session is completed, the case manager documents referrals based on the personal needs and care planning tool scores on the referral follow-up form (Appendix C). The referral follow-up form is used to track the progress and completion of referrals made by the agency either in anticipation of the client’s release or upon enrollment into case management (or shortly thereafter). The

¹⁰ Singh, Raman. Personal Interview. 9 July 2015.

specifics of the SPNS project and the execution of the video conference session are detailed in the *Video Conferencing Protocols*¹¹.

Description of the Intervention

Goals of Intervention

The goal of offering a video conference session as a supplement to Pre-Release Services is to increase the likelihood that HIV-positive clients will link to case management and HIV medical care within 90 days of release from prison. By having the opportunity to meet virtually with a case manager who works at the agency OPH-SHP is providing a referral to, the client should gain familiarity with case management services and have a point of contact with whom they are familiar with at the agency. This engagement increases the chance that the client will attend their scheduled intake into Ryan White case management. In Louisiana, participation in Ryan White case management services necessitates active engagement in medical care; persons who chose not to participate in HIV medical care are not eligible for Ryan White case management services. Thus, linkage to case management services, and retention in case management, should also correlate to linkage and retention in HIV treatment, and viral suppression.

Target Population

Each DOC facility maintains a list of known HIV-positive persons in their custody. In general, the list of HIV-positives is populated from pharmacy records (based on who have been prescribed HIV medication) and/or laboratory (ELISA) records. All known HIV-positive persons incarcerated in the nine adult DOC facilities who are 180 days or less from their release are offered Pre-Release Services by OPH-SHP. Participation in Pre-Release Services is voluntary. Participants in Pre-Release Services may elect for OPH-SHP to assist them with the full array of services – referral to HIV medical care, referral to Ryan White case management, and enrollment in ADAP, or clients may elect to receive only some of the services. If clients are seeking enrollment in Ryan White case management, and the agency they wish to attend is participating in the Special Projects of National Significance Systems Linkages and Access to Care Initiative (SPNS) video conferencing project (all Part B's participate, but not all Part A's), the client is offered the option to have a video conference session. Participation in a video conference is voluntary and clients need to consent to the session. Clients may revoke their consent at any time.

A more illustrative diagram of who is eligible for a video conferencing is included in Appendix D.

¹¹ May be accessed at the following website:

Systems Involved

The video conference intervention is a partnership between the health department, the prison administration, a telemedicine service provider, and a Ryan White case management agency or a similar service agency. In Louisiana, the video conferencing intervention partnership includes the following four key partners: the Louisiana Department of Health and Hospitals' Office of Public Health – STD/HIV Program (OPH-SHP), the Louisiana Department of Corrections (DOC), the Louisiana State University Health Sciences Center Medical Informatics and Telemedicine, and Ryan White Part A and Part B case management agencies (viewed as one entity, though there are eleven individual case management agencies participating). The role of each entity is detailed below, and the relationship of each is depicted in Figure 2.

Louisiana Department of Health & Hospitals' Office of Public Health – STD/HIV Program – Responsible for procuring the video conference equipment and installing the equipment at each case management agency, for providing Pre-Release Services to HIV-positive clients incarcerated in DOC prisons and enrolling clients in to video conferencing services, scheduling video conferences with respective DOC sites and case management agencies, conducting training, quality assurance, and fidelity monitoring to ensure the video conferencing service is delivered as designed; tracking clients' linkage status for 90 days after release, providing documentation and CAREWare¹² sub-forms for the session, providing reimbursement payments to Part B agencies for services rendered¹³.

Louisiana Department of Corrections – Responsible for providing a current list of HIV-positive clients at each prison, providing access to client medical records, permits scheduling of video conference sessions amongst other telemedicine appointments, provides access to DOC's telemedicine equipment, requests that OPH-SHP clients be escorted to the infirmary for Pre-Release Services and video conferences, provides security clearance to OPH-SHP staff.

Ryan White Part A & B Agencies – Responsible for appointing case managers to provide the video conference intervention, participating in video conferencing and corrections-specific trainings, conducting the video conference session, completing the required documentation and entering required data into CAREWare, following-up on referrals and linking clients to needed resources at the agency or in the community, and invoicing the appropriate administration for reimbursement.

¹² CAREWare is the free software for managing and monitoring HIV clinical and supportive that HRSA recommends for generating the Ryan White HIV/AIDS Service Report (RSR). Read more about CAREWare at <http://hab.hrsa.gov/manageyourgrant/careware.html>.

¹³ In Louisiana, the Office of Public Health – STD/HIV Program is the grantee of record for Ryan White Part B funds.

Ryan White Part A Administration – Participates in the Louisiana CAREWare Access Network (LACAN), such that Part A agencies also utilize CAREWare for client-related data entry, and provides reimbursement payment for services rendered by Part A agencies participating in the video conference intervention.

Louisiana State University Health Sciences Center Medical Informatics and Telemedicine – Provides guidance for selecting and procuring the video conference equipment for each case management agency and provides technical assistance during video conference sessions when either the DOC site or case management site experiences audio/visual problems.

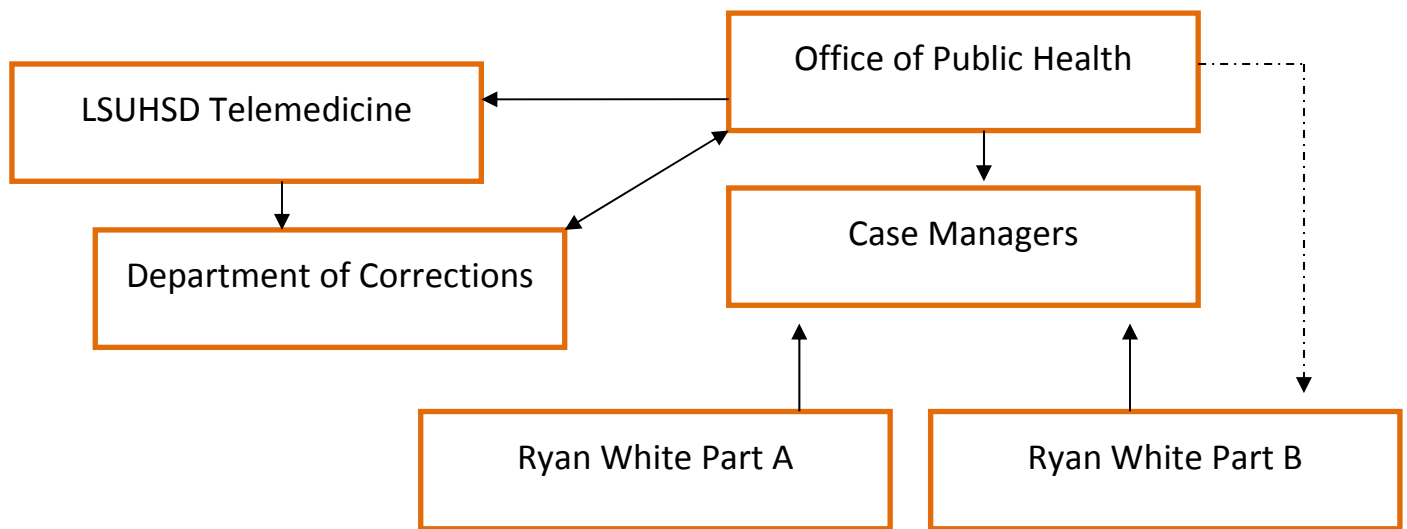


Figure 2 – Schematic of partnerships in Louisiana

Staffing

Table 2 on the following page illustrates the efforts of key staff involved with Louisiana’s video conferencing intervention, and it should be noted that the descriptions are provided as a reference, so that similar entities might identify whom best in their agency could fill these roles, or if additional staff resources are necessary for implementation.

OPH-SHP	DOC	Ryan White Agency	LSU Telemedicine
<p>Corrections Specialist – Conducts Pre-Release Services, trains case managers, serves as a liaison between key players, coordinates, facilitates and oversees the entire video conference process, tracks clients’ linkage to medical care and case management</p> <p>Program Coordinator – Develops the intervention and all documentation, conducts quality assurance and fidelity monitoring measures, addresses concerns pertaining to Pre-Release Services and video conferencing with DOC headquarters</p> <p>CAREWare Manager – Responsible for programming sub-forms in CAREWare for data collection and billing purposes</p> <p>Care and Services Manager – Executes the contracts for Ryan White Part B Case Management agencies that permit for Part B agencies to bill for providing video conferences</p> <p>Program Monitor – Monitors contracts and invoices for Ryan White Part B agencies</p> <p>IT Staff – Assists with installing video conferencing equipment at each case management agency</p>	<p>Director of Mental/Medical Health – Oversees the clinical operations for DOC, and grants access to DOC records and medical databases</p> <p>Telemedicine Coordinator (or Master Scheduler) – Schedules video conferences in collaboration with OPH-SHP</p> <p>Medical Staff –Identifies HIV-infected population at respective DOC facility, provides HIV medical care, and coordinates with OPH-SHP for Pre-Release Services</p> <p>Corrections Officers – Transports clients to and from the infirmary for pre-release appointments and video conferences</p>	<p>Part A & B Agency Executive Directors– Provides confidential space for video conferences and access to video equipment</p> <p>Part A Program Administrator – Executes contracts for Ryan White Part A grantees, approves reimbursement for Part A agencies participating in the video conference sessions, and collaborates with Part B for data entry</p> <p>Part A & B Case Managers – Conducts the video conference, completes all forms and documents, enters data into CAREWare, track client’s linkage to care</p> <p>Agency IT Staff – Provides ongoing technical assistance</p>	<p>Program Coordinator - Consults on recommended bandwidth and operating capabilities, recommends video conferencing equipment, provides ongoing technical assistance for video conference sessions</p>

Table 2 – Staff descriptions for Louisiana

Pre-Intervention Activities

The list below is, in general, presented in a logical, step-wise fashion, however some steps may occur concurrently, and others, depending on circumstances, may need to be shuffled around.

Considerations for the Health Department

- 1) **Select Case Management Agencies** - Survey Ryan White Part A and B case management agencies for willingness to participate. Arrangements for service unit reimbursement should be determined. Non-Ryan White service agencies should also be considered, if desired.
- 2) **Survey IT Capacity of Case Management Agencies** – In order to conduct video conferencing, it is recommended that agencies have the internet bandwidth to support the data transmission demands of the audio and visual components. The agencies' internet service provider should also be considered, as in-house administrative rights and capabilities to modify IT configurations (firewalls, routers, etc.) is easier to manage. Further, the agencies will have to consider whether physical space is available to house the video conference equipment, and if that space is equipped with electrical outlets and internet jack. If new wiring is needed, responsibility for installation would need to be determined. Space conducive to holding a private and confidential video conference must be secured. OPH-SHP conducted an online survey to explore these areas (Appendix E).
- 3) **Develop Training Materials and Training Plan** – Before launching a video conference intervention, it is important to ensure those using the equipment are familiar with operating the equipment and with the video conference experience, such that they can deliver a “natural-feeling” session. A video conference should feel as similar to an in-person, face-to-face conversation as possible. Users should be trained on operating the equipment and what is expected of them during the session with ample time to gain familiarity and have time to practice.

The OPH-SHP conducted mock sessions with each case manager to provide hands-on experience dialing into the conference rooms, conversing over video, and using the documentation created for this project. Additionally, OPH-SHP created a *Video Conferencing User Guide*¹⁴ for each agency that included an orientation to operating the video conference equipment, a trouble-shooting guide, important contacts, and documentation to be used during the session, and other project-specific reference materials.

¹⁴ May be accessed at the following website:

- 4) **Develop Documentation** – The documentation used during the video conference will vary depending on the intent and purpose of the conference session, and what, if any, data will be collected for future study and analysis. At a minimum, it is recommended that consent from the client be obtained, and thus, a consent form should be developed (OPH-SHP’s example is provided in Appendix F).
- 5) **Determine Methodology for Scheduling Video Conferencing Sessions** – It is necessary to consult with the prison’s administration, either at each individual facility or the administrative headquarters, to determine the best way to schedule video conference sessions, so that the telemedicine equipment isn’t double-booked and that the right clients are added to the call-out for the appropriate day. Each individual facility may have their own preference. Reducing the number of “middle men” in the process is important. Scheduling should not be burdensome or complicated for either party.
- 6) **Program Additional Sub-Forms in CAREWare** – Based on programmatic direction and evaluation needs, it may be necessary to build new forms into CAREWare to capture video conference specific data. If CAREWare is not utilized, but data collection is still desired, a database of some variety should be constructed. Data entry responsibility and deadlines should be clearly communicated to case management agencies.
- 7) **Purchase Video Conference Equipment** – Video conference equipment, in general, can be bought through a company’s territory or area representative, directly from the company, or sometimes academic institutions have contracts onto which the health department may be fortunate to leverage. Knowing which method offers the best price almost goes without saying. Also, knowing how to complete a purchase order, especially when large sums of money are being spent, and what levels of authorization may be needed, may be warranted.
- 8) **Ownership of Video Conference Equipment** – If state dollars are used to purchase equipment, the equipment may ultimately be owned by the state, and require tagging and annual inventorying.
- 9) **Determine Which Clients are Eligible for Video Conference** – There are a myriad of criteria that can be used to determine if someone is eligible for a video conference intervention. Some examples include: the client’s location, the amount of time before a client’s release, whether the client was recently diagnosed with HIV, whether the client is familiar with HIV care outside of the correctional setting, whether the client intends to relocate to somewhere new after release, if the client has co-infections or co-morbidities.

- 10) **Determine if Clients Will Be Incentivized to Participate** – Depending on resources and programmatic direction, providing incentives to clients for their participation may be an option, if funding sources permit such. While it may not be possible to provide a tangible incentive while someone is incarcerated, arrangements for delivery could be made for after a client is released.

Considerations for Case Management Agencies

- 1) **Locate Private Space** – Case management agencies need to locate a space in which a private, confidential video conference could be conducted without interruption, and which has electrical outlets and internet connection. The designated space should be enclosed, not in the view of other clients or non-participatory staff, and provide the option to close the door. There should be no visible HIV/AIDS signs, displays, or slogans.
- 2) **Identify Case Managers** – At least two case managers from each agency should be identified to be responsible for delivering the video conference sessions, so as to provide ample coverage.
- 3) **Participate in Pre-implementation Training** – It is expected that the case managers identified to participate on behalf of their agency actively participate in any trainings or professional development needed in preparation of launching a video conference intervention. Likewise, it is expected that the case managers will participate in any follow-up trainings or opportunities once the intervention is in operation. Training topics are addressed later in this section.
- 4) **Determine the Point of Client Transfer** – As this intervention is considered transitional case management by HRSA, it is possible for more than one Ryan White funded source to bill for services on the client, but it should be determined at what point the responsibility for the client's linkage completely falls to the case manager

Considerations for DOC

- 1) **Acquire telemedicine equipment** – Presumably, each DOC site already has secured telemedicine equipment. If not see above considerations for IT survey and consider what diagnostic add-ons or accessories may be desired by the prison's clinical staff.
- 2) **Identify HIV-positive clients** – Each DOC site may compile a list of HIV-positive persons in their custody based on pharmacy records or via other in-house databases. This list should be shared with the health department on a quarterly (or more frequent) basis. HIV-positive inmates who are 180 days or less from release are eligible for Ryan White Transitional Services, and thus would be potentially eligible for video conferencing.

- 3) **Provide clearance for health department staff to enter DOC facility** – In advance of a facility visit, the DOC should provide instruction to the health department staff (or similar) as to what the procedure is for being admitted into the facility. In general, the staff will have to provide their name, date of birth, social security number, and driver's license number for approval. Also, it is generally the case that once clearance is obtained for a particular facility, it is not requested for subsequent visits, but each facility may have their own rules and regulations.
- 4) **Determine impact, if any, on DOC staff** – In general, the role of DOC staff in each facility is very hands-off and minimal. Their workload should not be impacted nor inconvenienced by this intervention as the video conference session is conducted as part of the regularly-occurring pre-release services.

Considerations for Telemedicine Service Provider

- 1) **Recommend appropriate video conference equipment** – In order to maintain encryption and ensure confidentiality and HIPAA compliance, it is **not recommended** that video chat programs or applications like Skype, Google's Hangout video chat, FaceTime, etc. be used. OPH-SHP decided to purchase Polycom™ equipment, but there are other video conference technology brands to choose from.
- 2) **Configure and assign secure conference lines or "meeting rooms"** – The number of lines or "meeting rooms" will depend on what the Service Provider is able to provide, and what the individual need is by the health department, or case management agency, or DOC administration is. In Louisiana, LSU designated a secure "meeting room" dial-in for each DOC facility, that way the case managers knew which dial-in to use (it works almost like a phone number). The dial-in lines must be encrypted to ensure the transmission is secure.
- 3) **Determine capability to provide on-demand technical support** – Ideally, the telemedicine service provider should be able to provide technical support for issues that arise during a video conference, such as if either side loses their audio, picture, the picture becomes blurry or pixilated, or the audio becomes distorted or choppy.

Key Components & Adaptability

Much of this intervention can be adapted and customized to meet the needs of the partners involved. At a minimum, the intervention should consist of a video conference experience that provides an HIV-positive person who is in the custody of the correctional system (though this could be adapted for other health conditions and other settings) the opportunity to learn about what services and resources are available to them upon return to their local community. The following can be customized:

- Number of video conferences offered before client's release date
- When, in relation to a client's release date, the video conference is offered
- Who is eligible for participating in a video conference
- What community-based agencies or organizations participate
- Who is with the client on the inside of the correctional facility, if anybody
- What information is shared during the session
- What information is collected during the session
- Where the information collected is entered and saved
- How linkage to care is tracked post-release

Training

It is recommended that those who will be responsible for using the video conference equipment in order to conduct a session be familiar with operating the equipment, following the required documentation (if any), and interacting over video. The video conference experience should feel smooth and natural, not disjointed and jerky. Training on video conference etiquette is also highly recommended, especially since this project interacts with clients who are in a correctional setting, which can be highly restrictive and stringent. Video conference etiquette training should cover topics such as appropriate dress and accessories, decorations/artwork visible on camera, behavior while on camera, body language, and demeanor.

It is also recommended that any person (case manager, etc.) who conducts work with clients who are incarcerated participate in a corrections 101 type training where they are afforded the opportunity to learn about the correctional system as a whole, and what the prison setting is like for not only people who are incarcerated, but also people who work in the prison system.

Fidelity Monitoring

Fidelity monitoring is used to confirm that each step of the video conferencing process is being followed. Fidelity monitoring should be an on-going process. It is recommended that each case manager be observed conducting a video conference session, preferably as the intervention commences, and, if necessary, feedback be provided, and the observation be repeated until the performance is up to par. For case managers who do not need continued technical assistance, they should be observed occasionally to ensure that their performance is still satisfactory. Further, it is recommended that when the intervention launches at a new correctional facility, that appropriate management staff be present from whichever agency is responsible for hosting the project to ensure that no issues arise. Ideally, the case manager should carry out the session without a third-party (like the health department)

jumping in to correct or clarify, but if the health department staff feels like the case manager is not adhering to the protocol as they should, an appropriate level of intervention is warranted. Each client, no matter where they are incarcerated or with whom their session is conducted with, should receive a highly similar experience.

An aspect of fidelity monitoring is ensuring that the documentation collected and reported from the video conference session is in accordance with the protocols or directions provided. Agencies who are participating in the intervention should expect to have the charts of applicable clients' charts reviewed for completeness and accuracy. Further, a cross-check can be done between the client's paper file and their electronic file in CAREWare (or other database if CAREWare is not used). In Louisiana, Ryan White Part B agencies were audited for the SPNS Systems Linkages and Access to Care Initiative at the same time as their annual Part B contract monitoring audit, and Part A agencies were audited at the same time as Part B, but not in conjunction with the overall Part A audit. Any agency that received a non-passing score was provided technical assistance and re-audited in six month's time. A full copy of the audit scoring sheet and scoring rubric is provided in Appendix G.

Section 3 – Lessons Learned

Significant Successes

Case Management	Office of Public Health	Dept of Corrections
<ul style="list-style-type: none">• The intervention nudged case managers out of their traditional operational comfort zones.	<ul style="list-style-type: none">• The intervention has improved OPH-SHP's working relationships with case management agencies and DOC.• A byproduct of the intervention is improved Pre-Release Services and documentation.• The equipment selected has worked exceptionally well. Minimal A/V issues have been experienced. Any issues have been easily resolved.	<ul style="list-style-type: none">• Clients exhibited more interest and engagement with their care planning; video conference session provided clients with a personal interaction focused solely on them and their care.• DOC has been flexible in providing the support and access required for the project.

Table 3 – Successes of the video conference intervention in Louisiana

Challenges and Barriers

Case Management	Office of Public Health	Dept of Corrections
<ul style="list-style-type: none"> • Case managers' initial perception of being on video and being aware of their video presence (clothing, facial expressions, body language, confidence). • Extra reiteration to adhere to documentation during the video conference sessions was needed to ensure that all clients received a similar experience. • Timely and accurate data collection and entry. • Common IT issues that affected ability to conduct a session include server resets, firewall exemptions, low bandwidth. 	<ul style="list-style-type: none"> • Limited staff capacity to cover nine prisons. • Significant reliance on paper and use of facsimile transmission, which becomes an administrative and time burden. • State travel guidelines require use of rental vehicles and coordinating pick up/drop off is not always convenient for travel needs to prison sites. • Accommodating video conference sessions sometimes necessitates a second day at a prison facility, which has an inherent additional travel cost (hotel, rental car, per diem), and loss of administrative time in the office or at other DOC sites. 	<ul style="list-style-type: none"> • Classification's record updating sometimes results in drastic changes to client release dates, including immediate releases. Early release has been the #1 reason why video conferences are unsuccessful. • DOC has not yet implemented an electronic medical record (EMR). Having an EMR would significantly increase efficiency, expediency, and data acquisition. • Minimal advance notice of telemedicine schedule (14 days prior) makes scheduling video conferences difficult. • Correctional officers occasionally interfere with confidentiality. Some clients are less inclined to speak candidly in the presence of an officer. Officers are not always well-versed on HIPAA and can create a breach confidentiality as a result • Working on DOC "time" – there can be a myriad of reasons why clients are late to their infirmary appointments or do not show up at all.

Table 4 – Barriers and challenges to the video conference intervention in Louisiana.

Section 4 – Lasting Impressions

The following quotes were obtained from individuals who participated in the video conference intervention and who had since been released from DOC and linked to Ryan White Case Management and who were interviewed as part of a qualitative evaluation¹⁵.

“...[I]f it wouldn’t have been for the video conference, [transitioning back to the community] would have been a lot harder.”

“You know, being locked up as long as I have, your family die off. You know, like my mother and my brother – my brother got killed. My mom died. My dad died. And, you know, my house was no longer there. So, I mean, I'd probably have been sleeping on the street if I didn't know nothing about all these things. So, yeah, it was good.”

“She gave me a phone number to this place if I needed a ride, bus tokens and other places; food, shelter, if I didn’t have a place to stay that she would find a place.”

“Well, to be perfectly honest, just seeing a person that I haven’t met over the camera and saying that she would be the same person that I can come speak to when I’m released, just basically saying now you see me over this camera. We’re building a relationship, but when you come in I’ll be that same person. So, I felt comfortable knowing that I already had an opportunity to meet the person who I would be speaking to rather than being kind of nervous going and meeting a new person.”

“I was worried about a lot of things. . . They did everything that I needed to get started.”


¹⁵ *Video Conferencing Qualitative Report*. Policy & Research Group, 2015.

Appendix A – SPNS Video Conference Assessment Form

Louisiana SPNS Systems Linkages Initiative Video Conference Assessment Form – Department of Public Safety & Corrections

Ryan White Agency Name:		
Date:		
Name of person completing assessment:		
DOC release date:		
Client Demographic Information		
1	Legal name	
2	Alias, nickname	
3	Date of birth MM/DD/YYYY	
4	DOC Release Date MM/DD/YYYY	
5	Detainer	<input type="checkbox"/> Yes; parish _____ <input type="checkbox"/> No
6	Parole	<input type="checkbox"/> Yes; parole until _____ (MM/DD/YY) <input type="checkbox"/> No
Client Medical and Insurance Information		
7	Were you in medical care for HIV at any time before coming to DOC?	<input type="checkbox"/> Yes; name of clinic _____ <input type="checkbox"/> No <input type="checkbox"/> N/A, was diagnosed at DOC
8	Were you on HIV medication at any point prior to incarceration at DOC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A, was diagnosed at DOC
9	Are you currently taking HIV medication(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Where will you be receiving medical care for HIV after release?	Name, City _____ <input type="checkbox"/> Client does not know (Skip to question 12)
11	Have you been a patient at that clinic before?	<input type="checkbox"/> Yes; when? _____ (month, year) <input type="checkbox"/> No <input type="checkbox"/> Don't remember <input type="checkbox"/> N/A(if skipped to question 12)
12	Do you know how you will get to this clinic for your first appt?	<input type="checkbox"/> Yes; How? _____ <input type="checkbox"/> No <input type="checkbox"/> N/A(if skipped to question 12)

Client Medical and Insurance Information Continued		
13	Did you have Medicaid or Medicare before entering DOC?	<div> <div>Medicaid</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div> <div>Medicare</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>
14	Were you receiving Social Security Benefits before entering DOC?	<input type="checkbox"/> Yes, Social Security Income (SSI) <input type="checkbox"/> Yes, Social Security Disability Income (SSDI) <input type="checkbox"/> Yes, other _____ <input type="checkbox"/> No
15	Did you have health insurance before entering DOC?	<input type="checkbox"/> Yes – employer's plan <input type="checkbox"/> Yes – through spouse/partner or family member <input type="checkbox"/> Yes – personal plan (not through employer) <input type="checkbox"/> No
Client Housing/Emergency Contact Information		
16	Where do you plan to live after discharge? (Check all that apply)	<input type="checkbox"/> Will live alone <input type="checkbox"/> Will live with spouse, partner, boyfriend/girlfriend <input type="checkbox"/> Will live with friend/s <input type="checkbox"/> Will live with relative/s
17	Are the people at where you are staying aware of your diagnosis?	<input type="checkbox"/> Yes, all are aware <input type="checkbox"/> Yes, some are aware <input type="checkbox"/> No, no one knows <input type="checkbox"/> Not sure <input type="checkbox"/> N/A – client not staying with anyone
18	Is this location also your mailing address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Is it okay to send mail there?	<input type="checkbox"/> Yes <input type="checkbox"/> No, please send mail to: <input type="checkbox"/> No, do not send any mail
20	Is there a phone number where we can contact you after your release from DOC?	Primary Phone #: The number listed above is a <input type="checkbox"/> Landline <input type="checkbox"/> Cell phone Alternate phone #: The number listed above is a <input type="checkbox"/> Landline <input type="checkbox"/> Cell phone
21	Can messages be left for you at this number (or numbers)?	<input type="checkbox"/> Yes, primary <input type="checkbox"/> Yes, alternate <input type="checkbox"/> No

Client Housing/Emergency Contact Information		
22	<p>Who is/are your emergency contact/s after discharge?</p> <p><input type="checkbox"/> Client refused to answer</p>	<p>Name: _____</p> <p>Relationship: _____</p> <p>Phone number: _____</p> <p><input type="checkbox"/> Landline <input type="checkbox"/> Cell phone</p> <p>Alternate name: _____</p> <p>Relationship: _____</p> <p>Phone number: _____</p> <p><input type="checkbox"/> Landline <input type="checkbox"/> Cell phone</p>
23	Is your emergency contact aware of your diagnosis?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>
<div style="display: flex; align-items: center;">  <p>Below is for the case manager's use ONLY.</p> </div>		
Comments/Notes		
"Red Flags"/Concerns		

Data from the Video Conference Assessment form should be entered into CAREWare within 14 days of the completed video conference session.	
_____	_____
Date entered into CAREWare	Name of person who entered data into CAREWare
Please retain a copy of this form in the client's case files.	

Appendix B – SPNS Video Conferencing Personal Needs & Care Planning Tool


Ryan White Agency Name:
Date:
Name of person completing assessment:
Client name:
DOC Release date:

Dimension Basic Needs: nutrition, clothing, toiletries, mobility						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<p><i>How do you plan to access your most basic needs (clothing, food, shoes, etc.) upon release?</i></p> <p><i>Tell me about your means to purchase food, toiletries, clothing upon release?</i></p> <p><i>How do you feel about your ability to live independently?</i></p> <p>Points:</p>	<ul style="list-style-type: none"> Has access to food clothing and other sustenance items available upon release Knows how and where to access assistance programs that maintain basic needs Confidence in the ability to perform activities of daily living (ADL) independently after release 	<ul style="list-style-type: none"> Can provide arrangement for sustenance needs upon release Needs some direction and understanding on how and where to access assistance such as food, clothing and other basic needs Can provide some ADL but needs help arranging the rest 	<ul style="list-style-type: none"> Will routinely need help accessing assistance programs for basic needs after release Has no dependable access to food, clothing or other basic needs Limited capacity to perform ADL 	<ul style="list-style-type: none"> Has no access to food, clothing and will be without most basic needs upon release Unable to arrange for assistance and other ADL 	<ul style="list-style-type: none"> <input type="checkbox"/> Getting groceries <input type="checkbox"/> Locations of food pantries or soup kitchens <input type="checkbox"/> Signing up for SNAP benefits <input type="checkbox"/> Getting clothing <input type="checkbox"/> Getting hygiene items <p>Explain:</p>	<p><input type="checkbox"/> Unable to assess because client refused to answer</p> <p><input type="checkbox"/> Client was unable to articulate a plan (not related to communication or cognitive impairment)</p>
Dimension Housing: living situation, environment						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<p><i>Tell me about your living arrangement upon release?</i></p> <p><i>Who will you be living with?</i></p> <p><i>How long do you plan on staying at the anticipated location?</i></p> <p><i>How do you feel about your living environment upon release?</i></p> <p><i>What are your housing options upon release?</i></p> <p>Points:</p>	<ul style="list-style-type: none"> Has a stable living arrangement upon release Self-managed options arranged upon release 	<ul style="list-style-type: none"> Has adequate living arrangement upon release Limited self-managed options; known stressors may necessitate relocation 	<ul style="list-style-type: none"> Has unstable housing upon release No personal control or self-managed options 	<ul style="list-style-type: none"> No place to live upon release No self-managed options, can only stay with family/friends for a few days upon release 	<ul style="list-style-type: none"> <input type="checkbox"/> Voucher program <input type="checkbox"/> PSH <input type="checkbox"/> HOPWA <input type="checkbox"/> Local Housing <input type="checkbox"/> Utility assistance <p>Explain:</p>	<p><input type="checkbox"/> Unable to assess because client refused to answer</p> <p><input type="checkbox"/> Client was unable to articulate a plan (not related to communication or cognitive impairment)</p>

Client Name:						
Dimension Transportation: availability, dependability						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<p>What are your plans for transportation upon release?</p> <p>Are you familiar with public transportation options?</p> <p>How do you plan to get to your appointments?</p> <p>Points:</p>	<ul style="list-style-type: none"> Has a means of transportation available upon discharge Can afford private or public transportation 	<ul style="list-style-type: none"> Knows how to access public/private transportation upon release but must occasionally rely on others Has semi-reliable arrangements for transportation after release 	<ul style="list-style-type: none"> Has irregular/undependable access to public/private transportation upon release In area un- or under served by public transportation Unaware of or needs help accessing transportation 	<ul style="list-style-type: none"> Public/private transportation unavailable, in area with limited access Difficulty accessing transportation due to physical disabilities Undependable transportation upon release 	<input type="checkbox"/> Bus routes and/or taxi companies <input type="checkbox"/> Bus tokens or cab fare to get to the doctor <input type="checkbox"/> Medicaid transportation <input type="checkbox"/> Gas reimbursement program <p>Explain:</p>	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client was unable to articulate a plan (not related to communication or cognitive impairment)
Dimension Financial Resources: employment, income/savings						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<p>Tell me about your financial resources? Employment, savings, stocks, bonds, 401K...</p> <p>Tell me about your job skills/work history.</p> <p>How do you plan to earn income upon release?</p> <p>How do you feel about employment opportunities upon release?</p> <p>Points:</p>	<ul style="list-style-type: none"> Has confirmed employment upon release Knows how to complete a job application and/or write a resume for employment Client is eager to work, has transferrable job skills 	<ul style="list-style-type: none"> Has adequate income opportunities upon release Medical/health status may jeopardize employment opportunities and/or job search efforts Wants to work but needs guidance and help with referrals and resume/applications 	<ul style="list-style-type: none"> Inadequate employment/income resources upon release Medical/health status will jeopardize income Shows interest in employment but is medically unstable and/or unmotivated 	<ul style="list-style-type: none"> No current employment/income resources upon release Medically unstable to work Client has no desire or interest in seeking employment 	<input type="checkbox"/> Job search assistance <input type="checkbox"/> Employment training <input type="checkbox"/> Vocational /employment services <input type="checkbox"/> Resume building/application assistance <p>Explain:</p>	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client was unable to articulate a plan (not related to communication or cognitive impairment)
Dimension Benefits: government assistance, entitlements						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<p>Tell me about any government assistance programs you received or would like to apply for.</p> <p>Will you need to enroll/re-enroll in SSI/SSDI, Medicare/Medicaid, SNAP, PAF's, etc.?</p> <p>Points:</p>	<ul style="list-style-type: none"> Knows how to complete all necessary/applicable benefit documents Has started and/or completed applicable benefit documents 	<ul style="list-style-type: none"> Needs some help completing benefit documents upon release Follow up needed on pending benefits 	<ul style="list-style-type: none"> Has not applied for benefits or awaiting benefit determination Needs help completing and understanding benefit documents/applications 	<ul style="list-style-type: none"> Requires help to understand/complete benefit documents or benefits denied Medically unstable to work No benefit recourses upon release 	<input type="checkbox"/> Benefits Specialist <input type="checkbox"/> Education on Benefit Programs <input type="checkbox"/> Help applying for applicable benefits <p>Explain:</p>	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client was unable to articulate a plan (not related to communication or cognitive impairment)

Client Name:						
Dimension Medical Care: medical status, need for medical CM intervention, non-medical case management						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<p>What are some other health conditions you receive treatment for? Hep C, High Blood Pressure, Diabetes, etc.?</p> <p>How do you feel about seeking medical care upon release?</p> <p>Explain your medical history.</p> <p>Points:</p>	<ul style="list-style-type: none"> Seems medically stable, chronic condition(s) under control with medication and/or treatment Routine medication assistance possible 	<ul style="list-style-type: none"> In care, generally medically stable, may have minor conditions requiring treatment Side effects/current side effects being controlled with medication Routine medication assistance needed 	<ul style="list-style-type: none"> Has a history of chronic illnesses; will require multiple specialty doctors New/existing, unstable medical conditions reported Routine medication assistance required 	<ul style="list-style-type: none"> Medically unstable, new health issues emerging; will require multiple specialty doctors Newly diagnosed Surgery needed upon release for condition(s) Pregnant female Not in care Routine medication assistance required 	<input type="checkbox"/> Medical Case Management through insurance plan or through Ryan White <input type="checkbox"/> Referrals to specialty clinic Explain:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client was unable to articulate a plan (not related to communication or cognitive impairment)
Dimension Hearing Care: hearing health status; need for hearing assistance						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No
<p>Do you have any problems with your hearing?</p> <p>When is the last time you had your hearing checked?</p> <p>Are you in need of a hearing aid?</p> <p>Points:</p>	<ul style="list-style-type: none"> All hearing needs are met Hearing in stable condition, no hearing issues reported Routine hearing exams/screening to continue 	<ul style="list-style-type: none"> Some hearing needs are met Minimal hearing issues reported, has access to hearing aid Routine hearing exams/screening to continue 	<ul style="list-style-type: none"> Hearing aid need indicated but needs not met Hearing issues reported A new hearing aid required Routine hearing exams/screening needed 	<ul style="list-style-type: none"> Partially deaf or deaf Hearing impaired services required 	<input type="checkbox"/> Hearing aid referral <input type="checkbox"/> Interpreter/American Sign Language (ASL) Explain:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client was unable to articulate a plan (not related to communication or cognitive impairment)
Dimension Vision Care: vision health status; need for vision care						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<p>Do you have any problems with your vision?</p> <p>When is the last time you had an eye exam?</p> <p>Are you in need of glasses?</p> <p>Points:</p>	<ul style="list-style-type: none"> Vision needs are met Vision is stable, client has 20/20 vision or corrective lenses Routine vision exams/screening to continue 	<ul style="list-style-type: none"> Some vision needs are met Minimal vision issues reported, has access to glasses Routine vision exams/screening likely 	<ul style="list-style-type: none"> Vision exam need indicated Vision issues reported A new pair of glasses required Vision exams/screening needed 	<ul style="list-style-type: none"> Partially blind or blind Vision impaired services required 	<input type="checkbox"/> Vision referral Explain:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client was unable to articulate a plan (not related to communication or cognitive impairment)

Client Name:						
Dimension Dental/Oral Health Care: oral health status; need for dental care						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<p>When is the last time you saw the dentist?</p> <p>Are you in need of dental/oral health care?</p> <p>How will you access dental/oral health care?</p> <p>Points:</p>	<ul style="list-style-type: none"> All dental needs are met Oral health in stable condition, routine oral health screening/cleaning to continue 	<ul style="list-style-type: none"> Most dental needs are met Minimal oral health issues reported Routine oral health screening/cleaning needed 	<ul style="list-style-type: none"> Client has not engaged in oral health care in over a year Oral health issues reported Moderate dental work required Oral health screening/cleaning needed 	<ul style="list-style-type: none"> Oral health is unstable Urgent dental services required Not in dental care Oral health screening/cleaning needed 	<input type="checkbox"/> Dental Referral Explain:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client was unable to articulate a plan (not related to communication or cognitive impairment)
Dimension Mental Health: history, risk, and/or treatment						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<p>Tell me about your mental health.</p> <p>How do you deal with anger, sadness, stress, etc.?</p> <p>When was the last time you felt depressed, anxious or sad?</p> <p>Points:</p>	<ul style="list-style-type: none"> No history of mental illness No family history of mental illness 	<ul style="list-style-type: none"> History of mental illness but connected and compliant with treatment May need some support or counseling upon release 	<ul style="list-style-type: none"> History of mental illness; needs high level of emotional support Connected with treatment but may have compliance issues Experiencing stress, needs access to mental health care upon release 	<ul style="list-style-type: none"> History of mental illness; active problems and crisis Requires significant emotional support and therapy but not accessing it High stress, not functional, immediate mental health care needed upon release 	<input type="checkbox"/> Mental health treatment services Explain:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client was unable to articulate a plan (not related to communication or cognitive impairment)
Dimension Addictions/Substance Abuse: history, risk and/or treatment						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<p>Have you ever used drugs, illegal substances or alcohol?</p> <p>When was the last time you used?</p> <p>Tell me about any addictions you've had to deal with?</p> <p>Points:</p>	<ul style="list-style-type: none"> No difficulties with addictions including: alcohol, drugs, sex, gambling, thrill seeking behaviors, etc. 	<ul style="list-style-type: none"> History of addiction/substance abuse and other thrill seeking behaviors Connected to treatment while incarcerated, will need some support or counseling upon release 	<ul style="list-style-type: none"> History of addictions/substance abuse Connected to treatment while incarcerated Addiction impaired quality of life, will need major support upon release. 	<ul style="list-style-type: none"> Major history of addictions/substance abuse has resulted in incarceration Less than one year sober; will need immediate sober living upon release 	<input type="checkbox"/> Substance use outpatient treatment and/or counseling <input type="checkbox"/> Referral to detox center <input type="checkbox"/> Addiction counseling Explain:	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client was unable to articulate a plan (not related to communication or cognitive impairment)

Client Name: _____						
Dimension Knowledge of Disease: knowledge of HIV, ability to communicate, willingness to participate						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<p>How do you feel about accessing HIV resources in the community?</p> <p>How does it make you feel when talking to others about HIV?</p> <p>Can you explain to me what a viral load and CD4 count is?</p> <p>Do you know what your current viral load, CD4 is?</p> <p>Points: _____</p>	<ul style="list-style-type: none"> CD4 >500; viral load <20/undetectable and in care Effectively demonstrates knowledge of HIV disease and treatment 	<ul style="list-style-type: none"> CD4 350-499; viral load 100-9,999; lab values stable Can discuss knowledge and understanding of HIV May have some misconceptions but listens when addressed 	<ul style="list-style-type: none"> CD4 200-349; viral load 10,000-100,000; lab values stable/ improving Has minimal or basic understanding of HIV May have cultural or other barriers 	<ul style="list-style-type: none"> CD4 <200; viral load >100,000; lab values deteriorating physical side effects increasing Cannot or will not communicate concerning HIV Barriers cannot be fully addressed 	<input type="checkbox"/> HIV education <input type="checkbox"/> Client education material <input type="checkbox"/> HIV training opportunity Explain: _____	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client was unable to articulate a plan (not related to communication or cognitive impairment)
Dimension Adherence: understanding and compliance to treatment regimen						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<p>What do you know about HIV medication adherence?</p> <p>What does missing a dose of HIV medication mean to you?</p> <p>How do you feel about taking HIV medication?</p> <p>Points: _____</p>	<ul style="list-style-type: none"> Always adheres to treatment and clearly communicates importance No side effects or side effects are not interrupting activities of daily living Willingly participates in care plan 	<ul style="list-style-type: none"> Usually adheres to treatment; fair communication of importance Side effects are minimally impacting daily activities Participates in care plan 	<ul style="list-style-type: none"> Sometimes adheres to treatment; reflects little understanding or willingness to comply Side effects moderately impacting daily activities Does not readily participate in plan but follows most directives 	<ul style="list-style-type: none"> Rarely adheres to treatment; cannot communicate understanding of compliance; numerous side effects severely impacting daily activities; cannot or will not participate in plan; compliance issues 	<input type="checkbox"/> Adherence counseling Explain: _____	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client was unable to articulate a plan (not related to communication or cognitive impairment)
Dimension Support System: informal, helping network, reliability						
Sample Questions to Ask	1: Minimal to No Need	2: Periodic Need	3: Moderate Need	4: Extreme Need	Assistance/Referral Needed	No score
<p>Tell me about your family as a support system?</p> <p>Do you have positive influences in your life?</p> <p>How would you feel about involvement in support groups at churches, organizations, etc.?</p> <p>Points: _____</p>	<ul style="list-style-type: none"> Has reliable friends/family to provide ongoing support Has received ongoing support while incarcerated Plans to have dependable emotional and physical availability of friends/family for support upon release 	<ul style="list-style-type: none"> Often has help but not always reliable In jeopardy if/when HIV status is divulged Occasional support while incarcerated, gaps exist in support system after release 	<ul style="list-style-type: none"> Some support in a crisis only Resists group involvement 	<ul style="list-style-type: none"> No reliable support when needed Refuses support groups 	<input type="checkbox"/> Group meeting referral <input type="checkbox"/> Community support groups <input type="checkbox"/> Peer advocate/support	<input type="checkbox"/> Unable to assess because client refused to answer <input type="checkbox"/> Client was unable to articulate a plan (not related to communication or cognitive impairment)
<div style="display: flex; align-items: center; justify-content: center;">  <div> <p>There are no further questions to ask the client.</p> <p>Next pages are for the case manager's use ONLY.</p> </div> </div>						

Client Name: _____

Question	Dimension	Score	
1.	Basic Needs	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No Score
2.	Housing	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No Score
3.	Transportation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No Score
4.	Financial Resources	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No Score
5.	Benefits	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No Score
6.	Medical Care	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No Score
7.	Hearing	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No Score
8.	Vision	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No Score
9.	Dental/Oral	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No Score
10.	Mental Health	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No Score
11.	Addiction/Substance Abuse	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No Score
12.	Knowledge of Disease	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No Score
13.	Adherence	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No Score
14.	Support	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No Score

Total score _____

Potential points = number of questions answered _____ x 4 = _____

Example: If client answered 9 questions and had 5 'no score's, the potential points would equal 9 x 4 = 36

Total Score % = (Total score ÷ Potential points) x 100 = _____

Total Score %	Classification	Justification
≤ 50%	Limited/Basic Need	Medically stable with minimal assistance, able to manage supportive needs, basic case management recommended.
>50% to 75%	Supportive/Moderate Need	At risk of becoming medically unstable, a support system is needed to meet adequate needs, moderate case management recommended.
>75%	Intensive/Immediate Need	Medically unstable and in need of immediate assistance, has no support system in place, intensive case management recommended.

Continue completing next page →

Client Name: _____

DO NOT ASK CLIENT THIS QUESTION! Case managers should determine client's communication skills based on dialogue that occurred while completing the assessment form. This question is for internal use only.				
Dimension	1: Minimal to No Need <input type="checkbox"/>	2: Periodic Need <input type="checkbox"/>	3: Moderate Need <input type="checkbox"/>	4: Extreme Need <input type="checkbox"/>
Communication Skills: ability to communicate effectively with Case Manager	<ul style="list-style-type: none"> Can effectively communicate concerns with CM or other staff No language, cultural or other barriers to care 	<ul style="list-style-type: none"> Can generally communicate with CM or other staff Can read written materials and communicate understanding and write legibly No other barriers 	<ul style="list-style-type: none"> Difficulty communicating with CM or other staff Cannot read written materials as provided or write legibly English not first language; interpreter needed at all appointments Client is mildly cognitively impaired 	<ul style="list-style-type: none"> Extreme difficulty communicating with CM Interpreter necessary to read and explain all documents Barrier to care but cannot be easily resolved Client is cognitively impaired

Data from the Video Conference Assessment form should be entered into CAREWare within 14 days of the completed video conference session.	
_____	_____
Date entered into CAREWare	Name of person who entered data into CAREWare
Please retain a copy of this form in the client's case files.	

Appendix C – SPNS Video Conferencing Referral Follow-Up Form

Ryan White Agency: _____

Name of Case Manager: _____

Client Name: _____

Client Phone: _____

Referral(s): Please refer to Personal Needs and Care Planning tool. Complete as necessary.

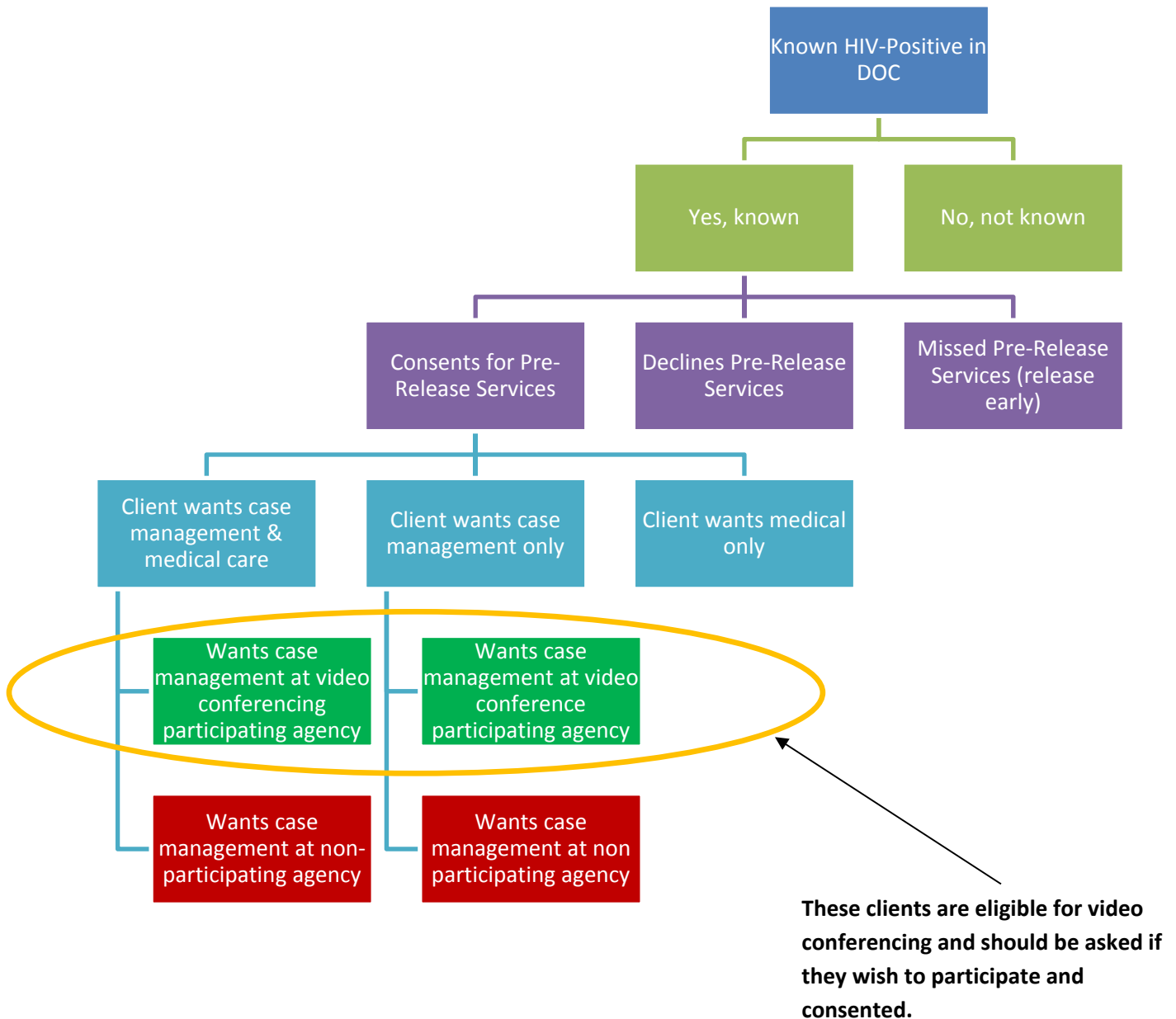
Type of Referral	Referral Details/Plan	Status	Date Completed
Basic Needs Referral1: _____ Referral 2: _____ Referral 3: _____			
Housing Referral1: _____ Referral 2: _____ Referral 3: _____			
Transportation Referral1: _____ Referral 2: _____ Referral 3: _____			
Financial Resources Referral1: _____ Referral 2: _____ Referral 3: _____			

Type of Referral	Referral Details/Plan	Status:	Date Completed
Benefits Referral1: _____ Referral 2: _____ Referral 3: _____			
Medical Care Referral1: _____ Referral 2: _____ Referral 3: _____			Appt date: __/__/__ Appt date: __/__/__ Appt date: __/__/__
Hearing Care Referral 1: _____ Referral 2: _____ Referral 3: _____			Appt date: __/__/__ Appt date: __/__/__ Appt date: __/__/__
Vision Care Referral 1: _____ Referral 2: _____ Referral 3: _____			Appt date: __/__/__ Appt date: __/__/__ Appt date: __/__/__
Dental/Oral Care Referral 1: _____ Referral 2: _____ Referral 3: _____			Appt date: __/__/__ Appt date: __/__/__ Appt date: __/__/__

Type of Referral	Referral Details/Plan	Status:	Date Completed
Mental Health Counseling Referral1: _____ Referral 2: _____ Referral 3: _____			Appt date: __/__/__ Appt date: __/__/__ Appt date: __/__/__
Addiction/Substance Abuse Counseling Referral1: _____ Referral 2: _____ Referral 3: _____			Appt date: __/__/__ Appt date: __/__/__ Appt date: __/__/__
Knowledge of Disease Referral1: _____ Referral 2: _____ Referral 3: _____			
Adherence Referral1: _____ Referral 2: _____ Referral 3: _____			
Support System Referral1: _____ Referral 2: _____ Referral 3: _____			

Comments/Notes:

Appendix D – Video Conference Eligibility Chart



Appendix E – IT Survey

1. Does your agency have a room in which a Case Manager could have a confidential conversation over a video feed with a potential client who is presently incarcerated?

- ☐ Yes
- ☐ No

2. If you answered yes to Question #1, does that room have both an available data port and an available electrical outlet?

- ☐ Neither a data port or an outlet
- ☐ Only a data port
- ☐ Only an electrical outlet
- ☐ Both a data port and an electrical outlet

3. Does your agency connect to the Internet through an Enterprise network or directly to an Internet Service Provider (ISP)?

Please provide ISP company in comment box (example: Cox communications, Suddenlink, AT&T U-verse).

- ☐ Enterprise network
- ☐ Internet Service Provider

ISP Company name



4. Does your agency have a wired internet connection, or wireless connectivity (WiFi), or both?

- ☐ Wired only
- ☐ Wireless only
- ☐ Both wired and wireless

5. What is your Local Area Network (LAN) speed?

- ☐ 10 MB Shared
- ☐ 10 MB Switch
- ☐ 100 MB

☐ 1000 MB (Gigabit)

6. Is your LAN protected by a Firewall or Router/Firewall? Please provide type of firewall in comment box.

☐ Yes, our LAN is protected by a Firewall or Router/Firewall

☐ No, our LAN is not protected by a Firewall or Router/Firewall

Type of firewall

7. Please run a Speed Test at the following website:

<http://www.speakeasy.net/speedtest> using the data port you plan to use for the video conferencing.

Run the Speed Test to Dallas, TX and place your download and upload speeds in the box below.

Repeat the Speed Test for Atlanta, GA.

Dallas, TX: Download Speed

Dallas, TX: Upload Speed

Atlanta, GA: Download Speed

Atlanta, GA: Upload Speed

8. Who is the best contact for network questions at your agency?

Name

Email

Phone number

Appendix F – SPNS Video Conferencing Consent Form

Consent for Video Conferencing - *Department of Public Safety and Corrections*

Purpose: The purpose of this video conferencing session is to improve the linkage of people living with HIV (PLWH) to care and services. Prior to release from the Louisiana Department of Public Safety and Corrections (DOC), offenders who are HIV positive will have the opportunity to meet with a case manager via video conference to learn about community-based services available to PLWH in the area to which they plan to return.

The video conferencing session(s) is being offered through a grant from the United States Department of Health and Human Services (HHS), Human Resources and Services Administration (HRSA), Ryan White HIV/AIDS Program to the Louisiana Department of Health and Hospitals (DHH), Office of Public Health STD/HIV Program (OPH SHP).

The video conference session(s) will be conducted by a staff member of the OPH SHP in conjunction with a case manager at a Ryan White-funded agency. The video conferencing session(s) do not replace telemedicine appointments with the medical staff at LSU or with any other medical providers, nor does it replace any medical appointments with DOC medical staff. This video conferencing session(s) is being offered as a supplement to the regular pre-release planning conducted by the OPH SHP.

Eligibility: PLWHA who are eligible for release within 180 days from today's date from the following DOC facilities: Allen Correctional Center, Avoyelles Correctional Center, Louisiana State Penitentiary (Angola), David Wade Correctional Center, Dixon Correctional Institute, Elayn Hunt Correctional Center, Louisiana Correctional Institute for Women, Rayburn Correctional Center, Winn Correctional Center.

Benefits and Risk: Benefits are expected, but results cannot be guaranteed or assured. Potential benefits include:

- 1) improved access to case management services at no cost,
- 2) greater knowledge about Ryan White services available in Louisiana,
- 3) increased familiarity with services and providers in anticipated area of release,
- 4) continuation of medical care and access to ongoing assistance programs.

The risk of participation is minimal. You may find some of the questions to be sensitive or personal. The use of technology may cause an incomplete or ineffective encounter due to weather, equipment deficiencies or internet failure. There is a small chance security protocols could fail, causing a breach of privacy and a potential for information to be released.

Compensation and Cost: You will not receive any compensation for your time. There is no cost to you for participating in the video conferencing session(s). Your participation in this video conferencing session(s) is voluntary. You may withhold or withdraw your consent to participate at

any time. If you do not wish to participate in the video conferencing session(s), you will still be able to receive pre-release planning from the OPH SHP staff.

Confidentiality: Your video conferencing session(s), including audio and visual, will not be recorded. The information you share will be collected by either the case manager or by the OPH SHP staff. The information you share will be entered into a secure database called CAREWare. CAREWare records are maintained in an encrypted database on a secure server. CAREWare allows for medical and support service information to be shared among all providers in Louisiana who have access to CAREWare or participate in the Louisiana CAREWare Access Network (LACAN). CAREWare aggregate reports will be generated but will be done so without your name or other information that would identify you specifically. These aggregate reports will be shared with The Policy & Research Group and the Evaluation and Technical Assistance Center (ETAC) at the University of California - San Francisco to satisfy the requirements of the grant. The HIPAA laws that protect the confidentiality of medical information also apply to video conferencing and CAREWare. You have the right to inspect all information documented during the video conferencing session(s) and may request to have copies of this information. Patient information shared during this video conferencing session may be used for planning, education, and/or follow-up.

Additional information: This video conferencing session does not require the use of medical equipment. No doctor or medical staff will be required to be present for the session(s). The case manager will not be physically present in the same room. Other individuals may or may not be present with the OPH SHP staff member at DOC or with the distant case manager to operate the equipment or assist with the session(s).

By signing this document, I am agreeing to participate in the video conferencing session(s). My signature below confirms that I have read this document, or have had it read to me, and I understand all information regarding the video conferencing session(s). All of my questions have been answered to my satisfaction. I hereby consent to participate in video conferencing under the terms described above.

Print Patient Name

_____ ☐ Declined Consent
Initial

Signature of Patient

_____ ☐ Revoked Consent
Initial

Signature of Authorized Representative

Date

Appendix G – SPNS Case Management Agency Audit Score Sheet & Rubric

Agency Name: _____ Date: _____ Auditor: _____		
		POINTS
SPNS VC consent in chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
Case Manager check-list in chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
Case Manager check-list signed by case manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
Subscore 1		/3
VC Assessment Form in chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
Client demographic info complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No Q__1,__2,__3,__4,__5, __6	/6
Client medical and insurance info complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No Q__7, __8, __9, __10, __11, __12, __13, __14, __15	/9
Client Housing/Emergency Contact info complete	<input type="checkbox"/> Yes <input type="checkbox"/> No Q__16, __17, __18, __19, __20, __21, __22, __23,__24	/9
CAREWare box completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Q __date, __name	/2
Subscore 2		/27

PN&CPT in chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: Basic need complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: Housing complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: Transportation complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: Financial Resources complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: Benefits complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: Medical Care complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: Hearing complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: Vision complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: Dental complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: Mental Health complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: Addictions/SA complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: KOD complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: Adherence complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: Support System complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
Score card completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
Total score % completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
PN&CPT Dimension: Communication complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
CAREWare box completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Q __date, __name	/2
Subscore 3		/20

Referral Tracking form in chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
Referrals indicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
Referrals plan/status	<input type="checkbox"/> None 0 <input type="checkbox"/> Some 1 <input type="checkbox"/> Most 2 <input type="checkbox"/> All 3	/3
Referrals completed	<input type="checkbox"/> None 0 <input type="checkbox"/> Some 1 <input type="checkbox"/> Most 2 <input type="checkbox"/> All 3	/3
Subscore 4		/8
Follow-up form in chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
Follow-up name, date, person complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/1
Follow-up form Q 1-9 complete	<input type="checkbox"/> Yes <input type="checkbox"/> No Q __1, __2, __3, __4, __5, __6, __7, __8, __9	/9
Follow-up form Q 10-19 complete	<input type="checkbox"/> Yes <input type="checkbox"/> No Q __10, __11, __12, __13, __14, __ 15, __16, __17, __18, __19	/10
Follow-up form Q-20-21 complete	<input type="checkbox"/> Yes <input type="checkbox"/> No Q __20, __21, __22	/3
CAREWare box completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Q __date, __name	/2
Subscore 5		/26
<input type="checkbox"/> OMIT		
VC manual by equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/10
Subscore 6		/10

SCORE	
Subscore 1	_____/ 3
Subscore 2	_____/ 27
Subscore 3	_____/20
Subscore 4	_____/8
Subscore 5	_____/26 OMIT
Subscore 6	_____/10
TOTAL SCORE	_____/94 _____/68
TOTAL SCORE %	
<p>90%-100% Pass with no technical assistance needed. Re-assess in 1 year.</p> <p>75-89% Pass with minor technical assistance needed. Re-assess in 1 year.</p> <p>50 -74% Unsatisfactory. Technical assistance needed. Discuss with agency leadership, OPH SHP Services Manager, Ryan White Part B Monitor, SPNS Coordinator. Re-assess in 6 mos.</p> <p><49% Unsatisfactory. Immediate onsite re-training and remediation needed. A moratorium on all SPNS VCs will be made. SPNS VC will not resume until corrective action successfully completed.</p>	